



*Service, Education, Advocacy*

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Good Evening, Chairman and members of the Appropriations Committee. My name is Dominique Thornton. I am the Director of Public Policy for the Mental Health Association of CT, Inc., (MHAC). MHAC is a 100-year old private non-profit dedicated to service, education and advocacy for people with mental health disabilities. I would like to thank you for the opportunity to speak to you about why Connecticut needs more supportive housing and increased community supportive services for persons with serious mental illness. People with serious and persistent mental illness are entitled to have a life in the community in the least restrictive environment according to the 1999 Olmstead Supreme Court Decision affirming the rights of individuals with disabilities. However, many persons who are ready to get out of the institutions and live in the community with appropriate services find that there is no place for them to go. They get "stuck" in state facilities due to a lack of supportive housing and necessary community support services. With the appropriate level of services, persons with severe and persistent mental illness can recover, live with hope, improve their lives and thrive in the community.

There are currently 4,300 total units of supportive housing in Connecticut. 2,600 units are funded through the Department of Mental Health and Addiction Services. Even though the Governor did not cut supportive housing in her budget adjustment, this could be an item in some future mitigation plan. As you consider closing institutions and hospitals, we think you should redirect all of the savings to community services to serve more people. Please consider that housing is by far the most effective expenditure. Housing provides the stability upon which all mental health recovery depends.

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Please continue to grow the supportive housing system for vulnerable individuals recovering from psychiatric disabilities. With the high cost of housing in Connecticut, low vacancy and high rental rates, people living on the margins of our society are more at risk than ever of remaining institutionalized. People with severe and persistent mental illness have severe difficulty negotiating Connecticut's tight housing market because they typically lose their apartment during periods of long term hospitalization. It is difficult to get that housing back. Break the logjam for persons who have lost their housing due to long term institutional care. Rebalance state Medicaid dollars to cost effective community services and set supportive housing as a state priority for humanitarian as well as economic reasons.

It should be easy to envision why having a safe and stable place to sleep is necessary to underpin the recovery of a person with conditions such as severe and chronic anxiety, paranoia, schizophrenia and other mental disorders. Consider also, that it is a wise investment for the state to leverage millions of dollars in federal and private resources to do so. Community supportive services cost less than restrictive hospital or institutional care. Undoubtedly, community services offer independence and stability to those who would otherwise be homeless, in jail or in the hospital, but when you deliberate this budget, please consider not only the cost savings to the state, but the difference in the many reclaimed lives as well. Please do not misunderstand me. I am not saying that state hospital care is not "good care." It certainly is. However, putting the patient first, consider what a difference in the quality of life having your own space, apartment or condo as compared to what a life is inside an institution would be like. We know that persons with severe and persistent mental illness have rights and need an appropriate level of services to maintain themselves and be successful in the community. Thankfully, it can be done. We should allow more people to have a life in the community with support because number one, it has been the law since 1999 according to the Supreme Court and number two because it is the right thing to do for them and only in third place because it saves money. For the state, the cost savings is four to five times per person. To each person, the cost of having their own lives back is priceless.